## IDEAL Study BLOOD COLLECTION FORM

IDEAL Number	{{variable1}}			Date of Collection			Day	Month	Year	
DOB	Day         Month         Year           {{variable3}}         {{variable2}}			Collected By						
Visit Type	BASELINE	Other:		Time Collected (e.g. 9:00)	AM	E ONE PM	Freezer	Box Number	er:	
Comments:			Processing Start Time	AM	PM	Primary contact:  Crista Bartolomeu				
				Time Put in Freezer .	AM	PM		604-675-8	3096	
Collection Tubes: 3 X Lavender Top Potassium EDTA Tube 10ml				Notes:  Study Staff: Keep original blood collection form print out in the participant chart  Barcodes (A to K): Two Barcodes of the same number:  Attach one to cryovial  Attach the other to match each cryovial's position in rack on diagram below  Plasma/Serum and Cellular Components (Bottom) collected  Check appropriate box for volume (mL) collected						
Yellow-Plas	sma Yello	w-Plasma	Pink-Plasma	Pink-Plasma	Pink-Plas	sma	Rec	I-RBC	Red-RBC	

Yellow-Plasma	Yellow-Plasma	Pink-Plasma	Pink-Plasma	Pink-Plasma	Red-RBC	Red-RBC
0.5 mL	O 0.5 mL	0.5 mL	O 0.5 mL	O 0.5 mL	O 0.5 mL	O 0.5 mL
O 1.0 mL	O 1.0 mL	0 1.0 mL	O 1.0 mL	O 1.0 mL	O 1.0 mL	O 1.0 mL
○ >=1.5 mL	○ >=1.5 mL	○ >=1.5 mL	○ >=1.5 mL	○ >=1.5 mL	○ >=1.5 mL	○ >=1.5 mL
Barcode A	Barcode B	Barcode C	Barcode D	Barcode E	Barcode F	Barcode G
Yellow-Bottom	Yellow-Bottom	Pink-Bottom	Pink-Bottom			
Yellow-Bottom  0.5 mL	Yellow-Bottom  0.5 mL	Pink-Bottom  0.5 mL	Pink-Bottom  O 0.5 mL			
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0.5 mL	0.5 mL	0.5 mL	0.5 mL			